

Provider Meeting
February 2, 2016
AEDD Community Room
Little Rock

Comments:

Funding:

With all the new unfunded federal mandates, how can a withdrawal of CFC-the only available to increased funding, be withdrawn?

What proposal does DDS have to save \$232 savings over 5 years?

Fund CM out of GR- no conflict

DOL Regulations state that workers need to be paid for each hour worked and cannot sign a sleep agreement unless they work a 24 hour shift. What about 22 hour-what about 16 hours? If a staff person sleeps they should have the right to sign a sleep agreement as long as they have at least 5 hours of uninterrupted sleep (and no more than 8). DOL needs to make an adjustment to the rule if they truly care about employees.

Will moving individuals to roommate/apartment be answer using shared staff as opposed to living in staff room (in keeping with residential setting policy)? Will we have to be doing adult development 7 days a week?

How are providers able to meet minimum wage requirements and overtime requirements for staff earning less than \$50,000 while aiming in a \$232 million dollar savings?

Is the 2.5% increase for separate employee salaries or is it on the overall plan?

Have Waiver specialist been informed that the 2.5% COLA increase and 2.5% increase for plans converting to hourly can be combined?

2.4% increase in Waiver renewals (last renewal) was not meant to indicate that we could only give 2.5% staff raises-was put in there to increase capped rate for SL services.

How can you tell us that you can't do something that violates Federal law and then direct us to violate Federal (DOL) regulations about overtime?

Family members as staff don't think they are staff-DDS raised 40 hour limitations but DDS won't fund overtime more than 2.5%.

Can you go back and do a revision to include the 2.5% increase converting to hourly?

How are providers expected to meet the minimum wage regulations if we cannot go above 2.5%? What is your plan for when wage goes to \$8.50?

IF SL employee is at \$8 an hours, you give the 2.5% raise this place employee @ 8.20 per hour, they are now below minimum waiver by .30. How do you get them to minimum wage without compromising their ability to work 40 hours?

If I tell a family that the plan is not approved to get them to minimum wage and they change provider, will the new provider be able to raise their pay? Will DDS stand and advocate for the provider when we speak to families?

How are we (waiver) handling providers creating contracts for sleep arrangements where staff are present but not paid especially when a client is pervasive?

How can state be forced to be in compliance with Federal regulations but will not supply funding to allow programs to be in compliance? We cannot afford to eat the costs and doing otherwise puts our clients at risk.

Cutting funding from DD services at a time when the state illegally holds thousands of people on a waiting list seems to drastically increase the likelihood the state will be sued. Where will the funding for that {law} suit and outcome (cost) come from?

Is there a limit to the amount of overtime that a family member or direct care staff can be paid?

More clarification regarding the overtime issue-what changed and what it covers.

How do you write overtime in a waiver POC?

If we have to increase hourly pay to meet minimum wage requirements and that increase exceeds the 2.5% allowed, would there be a problem in getting those plans approved?

How does DDS plan to work with plans that exceed the extensive level of care (\$176.00/day) as minimum waiver increases and fringe costs increase (i.e. health care for employee increases) above extensive LOC into pervasive LOC?

Does the \$232 million dollar saving over 5 years include the HDC's or just community providers?

Where does the waiver wait list stand under DDS changes and policies? Is DDS still trying to bring all on the wait list onto waiver in next 2 plus years?

What about the IRS ruling classifying the support service provided to adult clients as equivalent to "Foster Parent" income? (When the client lives in the home of the direct care worker) IRS notice 2014. This removes the worker from being an employee and subject to DOL regulations (i.e. overtime) to the provider entity.

Cuts: Adaptive equipment, SMS, OHCDs System (20%), Therapies (HIPPO therapies-example)

Other:

Training

Streamline documentation using standardized documents (progress notes, quarterlies etc. all from DDS)

Will the changes in the waiver trigger community settings rule?